

# Vision Therapy: A Student's Perspective

2000

Lisa A. Redilla  
Kristi A. Watchorn

Faculty Advisor  
Daniel N. Wrubel, O.D.

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## **Abstract**

Vision therapy can be a valuable addition to the practicing optometrist's arsenal of care. However, adding this to an already demanding schedule can seem an overwhelming prospect, especially to newly graduating optometrists who may have minimal exposure to a viable and successful practice that has incorporated vision therapy into its services.

Before one can successfully incorporate vision therapy into an optometric practice, the clinician must have an understanding of vision therapy and the many components involved in this clinical approach. Several sources, such as textbooks, are available to newly graduating optometrists that can provide this information, but often times, the information contained in these sources is outdated and not relevant to current therapy issues. Therefore, it is most beneficial to optometrists to focus on the most current information available, primarily in optometric periodicals. The information contained within these sources can be used as a foundation in making vision therapy a successful part of an optometric practice.

Vision therapy combines intensive in-office sessions followed by home therapy requiring the commitment of the clinician, the patient and the parents. It is therefore important that the communication between clinician, patients and parents/responsible party be optimal and that documentation from session to session be clearly communicated. It is important that clearly stated goals and the approximate time it will take to achieve these goals are set.

It can be particularly difficult to assess the success of home therapy and the involvement of the patient or parents. Good documentation of the home therapy sessions can provide some insight into the potential success of the program and whether revisions to the therapy must be made.

The purpose of this paper is two-fold. The first focus is to provide newly graduating optometrists with an informational source for vision therapy, with the most current information on how to make vision therapy a successful part of an optometric practice.

Secondly, form revision with recommendations that will improve data capture, while minimizing the time spent documenting. An assessment of the forms used at the Michigan College of Optometry Vision Therapy Program will be completed as well as an assessment of forms utilized by various teaching institutions that have active vision therapy programs. Revisions to all the forms used by Michigan College of Optometry program will be completed and submitted for approval and use.

## What Is Vision Therapy?

- The 1986/87 Future of Visual Development/Performance Task Force. The efficacy of optometric vision therapy. *Journal of the American Optometric Association*, Vol 59, Number 2, Feb 1988: 95-101.

The American Optometric Association considers vision therapy an essential and integral part of the practice of optometry. Therefore, forty-three states define vision therapy in their description of the profession of optometry. Vision therapy is a clinical approach for correcting a diagnosed neuromuscular, neurophysiological, or neurosensory visual dysfunction. These dysfunctions include oculomotor disorders, non-strabismus binocular dysfunction, accommodative disorders, strabismus, amblyopia, nystagmus, and visual perceptual disorders. Depending upon the nature and severity of the diagnosed condition, each therapy session consists of planned activities and procedures to be carried out by the patient. The purpose of vision therapy is to treat these functional deficiencies, resulting in optimal efficiency and comfort for the patient.

- Getman, GN. A Commentary on Vision Training. *Journal of Learning Disabilities*, Vol 18, Number 9, November 1985: 505-511

Vision therapy has its philosophical roots in the classical concepts of orthoptics. "Orthoptics has meant correct eyes, with no deviations in alignment, binocular synchrony, or refractive errors." This concept has been highly criticized because it only focuses on aligning the eyes and correcting any refractive error. Vision therapy is a clinical concept which focuses on the individual's interpretation of visually acquired information rather than the classical attempts to strength muscles.

- Hoffman, LG, Rouse MW. Vision therapy revisited: a restatement. *Journal of the American Optometric Association*, Vol 58, Number 7, July 1987: 536-541.

"The American Optometric Association's position statement defines vision therapy, which is unique to the practice of optometry, as the art and science of developing, enhancing, and remediating visual abilities to achieve optimum visual performance, efficiency and comfort." Optometrists are primarily concerned with visual acuity, visual skills efficiency, and perceptual-motor development. Each vision therapy program is unique depending upon the diagnosis, symptoms, and the patient's age.

- Keogh, BK, Pelland, M. Vision Training Revisited. *Journal of Learning Disabilities*, Vol 18, Number 4, April 1985: 228-236.

“Vision therapy is a term related to a wide spectrum of optometric treatment modalities” involving sensory, motor, and perceptual activities. Vision therapy programs are typically derived from common assumptions about the role of vision in learning and about developmental aspects of vision. Behavioral optometrists believe vision is learned and therefore, is trainable.

- Press, LJ. The dichotomy of vision and learning in optometric practice: implications for delivery of care. *Journal of the American Optometric Association*, Vol 70, Number 11, Nov 1999: 695-701

Optometric vision therapy is a hybrid service comprised of orthoptics and visual processing therapy. Vision is integral to the learning process because it can influence one’s ability to learn effectively and efficiently. Orthoptics is based upon the concept of education or learning as it relates to the areas of visual improvement. Visual processing therapy is distinct from orthoptics because it develops and enhances visual cognitive function and relates more directly to learning related vision problems.

## Who Benefits From Vision Therapy?

- Berman, A, Teig, D. Sports Vision Scores Points For OD's Practice. *Optometry Today*, Nov/Dec 1996: 17-21.

Sports vision within a practice can be beneficial in helping patients achieve better sports performance and can also be gratifying for the practitioner. A sports vision treatment/training program typically takes approximately 12 weeks. The first five weeks involve "eye calisthenics" and exercises to improve general visual skills such as depth perception, near-far focusing, eye tracking, and eye muscle alignment. The next five weeks focuses on sport-specific visual skills, including visual motor skills, concentration, and reaction. The final two weeks involves visualization techniques to give the athlete a positive approach to his/her sports performance. Because the visual skills necessary for each sport are different, training programs are tailored to each individual athlete.

- Birnbaum, MH, Soden, R, Cohen, AH. Efficacy of vision therapy for convergence insufficiency in an adult male population. *Journal of the American Optometric Association*, Vol 70, Number 4, April 1999: 225-232.

In the presbyopic population, progressive loss of accommodative vergence may cause an increase in near-point exophoria, leading to convergence insufficiency. As a result of the fusional convergence stress on the system, symptoms such as asthenopia, diplopia, and an inability to efficiently and comfortably perform sustained near work may arise. Although vision therapy has reportedly been very successful in treating convergence insufficiency, a clinical bias exists against prescribing vision therapy for adults with convergence insufficiency. The results of a controlled study document the efficacy of vision therapy in the elimination of symptoms in an adult male population diagnosed with convergence insufficiency. The best results were obtained with in-office vision therapy supplemented with home therapy procedures.

- Haddad, HM, Isaacs, NS, Onghena, K, Mazor, A. The Use of Orthoptics in Dyslexia. *Journal of Learning Disabilities*, Vol 17, Number 3, March 1984: 142-144.

"Dyslexia is a perceptual disorder which literally means reading difficulty." Orthoptic exercises used in the management of dyslexia do not affect the perceptual problem of the child. Instead, the exercises focus on the fusional amplitude and therefore, help the reading process and not the perceptual process.

- Hoffman, LG, Rouse MW. Vision therapy revisited: a restatement. *Journal of the American Optometric Association*, Vol 58, Number 7, July 1987: 536-541.

“The goal of optometric vision therapy is to eliminate the visual problems which will reduce the frequency and severity of specific signs and symptoms. Vision therapy, therefore, should only be expected to be valuable for patients who have visual deficiencies.”

- Keogh, BK, Pelland, M. Vision Training Revisited. *Journal of Learning Disabilities*, Vol 18, Number 4, April 1985: 228-236.

Vision training has been used with many different problem groups. Extensive research has proven that a link exists between visual processing problems and reading/learning disabilities. Many reports also attempt to document that a link exists between vision and academic performance. If visual efficiency can be proven to be the cause of reading/learning disabilities or poor academic performance, vision therapy should be the treatment of choice.

- Scheiman, M. A Vital Niche For Tomorrow’s Practice. *Review of Optometry*, Vol 135, Number 12, Dec 1998: 37-40.

Approximately 15 percent of children and adult patients have vision problems that would benefit from treatment with vision therapy. Vision therapy can treat conditions such as accommodative problems, vergence disorders, strabismus, amblyopia, and visual information processing disorders. In many cases, it can solve underlying visual problems that interfere with a child’s ability to learn. In the adult population, many patients would benefit from vision therapy to alleviate eye strain and blurred vision caused by computer use.

- Solan, HA. In Support of Vision Therapy. *Review of Ophthalmology*, March 1998: 44-45.

Research has proven vision therapy to be efficacious for the treatment of binocular insufficiencies, strabismus, and developmental disabilities. Of 1,931 patients diagnosed with convergence insufficiency, 72 percent were asymptomatic after treatment, while 8 percent received some improvement. Research suggests that the correction of convergence insufficiency significantly improves reading performance. Of 96 patients with accommodative insufficiency, 53 percent were asymptomatic after treatment, while 37 percent showed improvement. In school-age children with accommodative disorders, vision therapy resulted in an improvement of accommodative functioning with the elimination of major symptoms. Vision therapy has been proven to be successful in functionally correcting strabismus. Several children and adolescents have been identified as having reading and learning disabilities with a visual component. Research has shown vision therapy to have a “salutary effect on developmental difficulties in children”.

- The 1986/87 Future of Visual Development/Performance Task Force. The efficacy of optometric vision therapy. *Journal of the American Optometric Association*, Vol 59, Number 2, Feb 1988: 95-101.

Vision therapy is used to correct conditions which include oculomotor disorders, non-strabismus binocular dysfunction, accommodative disorders, strabismus, amblyopia, nystagmus, and visual perceptual disorders. In a survey of over 4,000 school children, almost 4 percent were diagnosed with strabismus, while 8 percent of 1,100 clinical cases were found to be strabismic. In the Rand HIE report, the prevalence of amblyopia ranged from 2 percent to 8.3 percent, with approximately 127,000 new cases reported per year. The incidence of non-strabismus binocular coordination anomalies is much higher than both strabismus and amblyopia. Convergence insufficiency is reported in 15 percent of the adult population. High heterophoria is reported in 13 percent of the clinical population. Fusion or accommodative problems are reported in 21 percent of the non-presbyopic clinical population. "Special" populations such as school-age children, cerebral palsy patients, the hearing impaired, emotionally impaired, and the developmentally disabled can also benefit from vision therapy. The incidence of ocular coordination and visual processing problems is very high amongst these patients.



## Various Modalities of Therapy Available

- Groffman, S. Motivational factors in vision therapy: comparison of computerized vs. manipulative techniques. *Journal of the American Optometric Association*, Vol 67, Number 6, June 1996: 344-349.

Vision therapy is a learning process that requires patient motivation to be successful. The role of the practitioner is to facilitate this motivation through the use of dynamic and enjoyable instruments and procedures. Examples of various modalities used to provide vision therapy include motoric activities, manipulatives, auditory devices, mental imagery, workbooks, toys and games, and computers. Because of the superior motivation facilitated by computers, they are rapidly becoming a standard vision therapy modality. With appropriate software, computers can be used for a large number of visual and perceptual therapy procedures. Manipulatives are used by optometrists as the major modality for vision therapy. Common vision therapy manipulatives include lens flippers, vectograms, anaglyphs, mirrors, prisms, free space fusion cards, Brock string, parquetry blocks, pegboards, geoboards, and many others. Manipulatives provide a varied therapeutic experience and reasonably good motivation.

- Scheiman, M. A Vital Niche For Tomorrow's Practice. *Review of Optometry*, Vol 135, Number 12, Dec 1998: 37-40.

Computer technology has allowed optometrists to be more efficient in providing vision therapy. Specific software programs such as *Home Therapy System* and *Computer-Aided Vision Therapy* allow patients to do more home-based therapy, therefore, decreasing the amount of office visits required to treat the condition.

## **Efficacy of Vision Therapy in Remediating Visual Deficiencies**

- Birnbaum, MH, Soden, R, Cohen, AH. Efficacy of vision therapy for convergence insufficiency in an adult male population. *Journal of the American Optometric Association*, Vol 70, Number 4, April 1999: 225-232.

In a study of 1,931 convergence insufficiency cases, there was a 72 percent cure rate, with an additional 19 percent who noted improvement. Additional studies reported relief of symptoms in 94 percent of the patients. "Until now, only noncontrolled studies document that vision therapy is effective in the management of convergence insufficiency in adults." The results of the controlled study document the efficacy of vision therapy in the elimination of asthenopia and improvement of convergence function in an adult male population ( median age=66 years old). Vision therapy was successful in 61.9 percent of patients who received in-office therapy supplemented with home therapy, with less success with home therapy alone.

- Haddad, HM, Isaacs, NS, Onghena, K, Mazor, A. The Use of Orthoptics in Dyslexia. *Journal of Learning Disabilities*, Vol 17, Number 3, March 1984: 142-144.

In a study of 37 children found to have poor fusional amplitudes (24 were dyslexic), orthoptic exercises resulted in improvement in attention span. The rate of improvement was faster in the group without perceptual defects. As focusing improved for these children, an improvement in reading ability was also noted.

- Hoffman, LG, Rouse MW. Vision therapy revisited: a restatement. *Journal of the American Optometric Association*, Vol 58, Number 7, July 1987: 536-541.

Vision therapy has been proven to be successful in the areas of visual efficiency skills and visual perceptual-motor skills. Visual efficiency skills include ocular motility, accommodation, and binocularity. Case reports show that vision therapy is effective in improving oculomotor control and accuracy. The primary goal of vision therapy in the area of accommodation is to improve the accuracy, flexibility, and range of the accommodative response. Voluntary control of the accommodative system can be developed. Vision therapy is very successful in improving the fusional skills of nonstrabismic patients. Flax and Duckman reported a 76 percent functional cure rate in strabismic patients treated with vision therapy. Eighty-six percent of the patients achieved cosmetic alignment of the eyes. As measured by standardized tests, perceptual-motor skills can also improve with vision therapy.

- Keogh, BK, Pelland, M. Vision Training Revisited. *Journal of Learning Disabilities*, Vol 18, Number 4, April 1985: 228-236.

Visual perceptual training has been used for many years in remediation of learning and reading problems. It is difficult to determine how effective this training really is. Determination of efficacy is particularly limited by the broad range of techniques and methods which are used in a training program. Inconsistency in the nature of the samples used in vision training studies also limits the determination of efficacy. For example, specific training techniques may be effective with a particular group of children with learning problems, but ineffective in others. "To add further to the problem of determining efficacy of vision training, it should be remembered that there is a low, but nonetheless consistent, relationship among many individual difference attributes."

- The 1986/87 Future of Visual Development/Performance Task Force. The efficacy of optometric vision therapy. *Journal of the American Optometric Association*, Vol 59, Number 2, Feb 1988: 95-101.

Vision therapy has been proven to be both efficacious and valid for modifying and improving visual function in the areas of oculomotor skills, accommodative dysfunctions, and binocular vision disorders.

Using the Heinsen-Schrock Performance Scale, only 6 percent of 100 therapy patients passed the eye movement portion prior to therapy. Post-therapy, 96 percent of the children were able to pass. Improvement in oculomotor skills has also been shown to be directly linked to reading proficiency. Children receiving vision therapy were found to score significantly higher on the Metropolitan Reading Test. Saccadic fixation training led to an improvement in speed and accuracy of eye movements compared to the untreated control group. Studies have also shown that the use of feedback and reinforcement can improve upon oculomotor facility which leads to enhanced reading performance. Auditory biofeedback has had a positive effect in the amplitude and velocity of eye movements in congenital nystagmus patients. When working with amblyopic patients, there is evidence that occlusion with active vision therapy is more effective than occlusion alone. When patients do not respond to regular occlusion therapy, pleoptics techniques are usually successful.

The efficacy of vision therapy as it applies to accommodative functioning has considerable clinical research support. Although accommodation is under autonomic nervous system control, it can be voluntarily controlled, trained, and transferred. In a study of 100 children, 80 percent showed an improvement in accommodative amplitude and 76 percent in accommodative facility. This improvement results in a reduction or elimination of symptoms and an improvement in near point task performance.

Vision therapy for non-strabismic binocular disorders aims to increase the efficiency of the accommodative system and to maximize the fusional vergence system. In studies of the fusional vergence system, both convergence and divergence training show a large improvement in the trained vergence ranges.

According to Flom, vision therapy used in strabismics has a functional cure rate of approximately 50 percent, with esotropia being less responsive than exotropia. Other studies reported a success rate as high as 86 percent when cosmetic criteria were used.

## **Incorporating Vision Therapy Into Your Treatment of Patients**

- Berman, AM. Sports Performance Vision Testing. *Optometry Today*, Nov/Dec 1996: 28-33.

An optometrist who plans to provide sports vision services to athletes must first obtain a good understanding of the relevant sports and what visual skills they require. Once this is accomplished, one must determine appropriate vision tests to administer, equipment to be used, and how to interpret the test results. Initial contact with the athletes should be at a sports vision screening held outside of the office. This will tell the practitioner whether the athlete's vision will allow him/her to play up to his/her potential. In some cases, a problem identified at a screening may require the athlete to undergo a complete sports vision training program in-office.

- Fortenbacher, DL. Success Stories-A Reflection of Your Successful Vision Therapy Practice. *Journal of Optometric Vision Development*, Vol 29, Winter 1998: 221-223.

“One of the most challenging things in the specialty of vision therapy we must do is to communicate to our patients.” Optometrists must be able to communicate confidence to their patients and convince them that their vision problems can be solved. The “Success Story” is a powerful practice management communication tool used to share the positive experiences of former vision therapy patients. By sharing the Success Story, it helps to build confidence in prospective vision therapy patients and gives the optometrists credibility. The more people who see an optometrist's Success Stories, the more “word of mouth” referrals cultivated.

- Kaluzne, SJ. Equipping A Practice For Sports Vision. *Optometry Today*, Nov/Dec 1996: 23-27.

The goal of the sports vision optometrist is to design and implement a program that will enable the athlete to succeed at maximizing his/her performance. This involves testing, training, and providing corrective and protective eyewear. The initial cost of starting a sports vision program is usually minimal because most offices already have the essential equipment. As the level of testing and therapy is expanded, more money can be invested in advanced equipment. As the sports vision patient base increases, the cost of the instruments can be recovered.

- Sanet, R. Improving VT Attendance. *Journal of Optometric Vision Development*, Vol 29, Winter 1998: 227-228.

For vision therapy to be successful, patient attendance is crucial. Missed vision therapy appointments are not only disruptive to the patients progress, but also causes a loss of staff productivity, increases costs, and results in a significant loss of income. In Dr. Sanet's practice, a "carrot" and "stick" policy was implemented to minimize these problems. Patients were charged a \$30.00 fee for missed appointments that were not made up within two weeks. A small gift was also given to each family when a vision therapy program was completed without any missed appointments that were not made up. As a result of this policy, continuity of care improved, therapists income increased, and vision therapy attendance increased more than 10 percent per year.

- Scheiman, M. A Vital Niche For Tomorrow's Practice. *Review of Optometry*, Vol 135, Number 12, Dec 1998: 37-38.

Offering vision therapy as a service in an optometric practice has many benefits. Success stories of patients act as a referral source and as a result, the general portion of your practice grows. When adding vision therapy to a practice, several steps should be followed to be successful: 1)Sharpen your own skills, 2)Invest approximately \$6000-\$7000 in equipment, 3)Dedicate office space for vision therapy, 4)Find a technician to increase efficiency, and 5)Identify those patients in need of therapy.

## Reimbursement for Vision Therapy Services

- Press, LJ. The dichotomy of vision and learning in optometric practice: implications for delivery of care. *Journal of the American Optometric Association*, Vol 70, Number 11, Nov 1999: 695-701.

This article discusses the differences between orthoptics and visual processing therapy in the treatment of visual disorders. This distinction places visual processing therapy more in line with learning related vision problems while orthoptics parallels more with efficiency of the visual system. "Visual efficiency skills include the components of accuracy, facility and stamina in the interrelated systems of eye movements, accommodation, vergence and sensory fusion. Visual information processing generally refers to perceptual, motor, and cognitive abilities, with clinical testing centering on laterality and directionality, form perception, visual memory, and visual motor integration." In this way visual efficiency can be seen as the "hardware" of the system, while visual processing is the "software" of the system. The importance of this distinction lies in the potential for reimbursement. By defining therapy as a medical service it can be billed under 920654 which is defined orthoptic and/or pleoptic training with continuing medical direction and evaluation. The limits of orthoptics are to training of binocular fusion and if it is used for visual processing claims, there is a risk for the claim to be considered fraudulent. This is not to minimize the importance of visual processing therapy, but rather to allow for reimbursement in those cases where it is applicable.

- Scheiman, M. A Vital Niche For Tomorrow's Practice. *Review of Optometry*, Vol 135, Number 12, Dec 1998: 37-38.

The emphasis of this article discusses the benefits of incorporating visual therapy into the active practice of optometry. Some of the benefits suggested here include distinguishing your practice from others, developing new referral sources, and growth of your practice. While the benefits may be clear, how to get started can be ambiguous. This article suggests the following steps:

- 1) Sharpen diagnostic skills
- 2) Invest in equipment
- 3) Dedicate office space
- 4) Find/Train technician
- 5) Identify patients needing visual therapy

Once started, other management of the overall program should be considered. The practitioner must learn to delegate, in most cases to a trained therapist. Also make use of available technology including software programs for home visual therapy. A good case presentation for the value of visual therapy is also an important aspect.

Lastly the article discusses reimbursement and working with managed care. They recommend that pre-determination be sent in a timely manner – often the same day the need for visual therapy is discussed with patients and parents. Claims for therapy sessions should be submitted every one to two weeks with use of CPT code 92065 (orthoptic therapy) and be followed up to ensure appropriate reimbursement.

- Tannen, BM, Despotidis, N, Herzberg, C. Practicing Vision Therapy In a Managed Care Environment. *Journal of Optometric Vision Development*, Vol 29, Winter 1998: 184-189.

The focus of this article is on effective patient flow from initial examination through patient education and the start of visual therapy. Various suggestions are given with the emphasis on patient understanding of the role and goal of therapy. In the face of managed care, effective patient management is at an all time high. This includes educational pamphlets, patient questionnaires, and in-office systematic education. Once the need for therapy has been established, the question of finances becomes the next focus. This article suggests providing various payment options including an interest-free financing program through an outside agency. It is also suggested that an insurance information sheet be provided to the patient/parents at the time visual therapy is discussed so that covered services are clearly defined.

## **Form Evaluation of Vision Therapy Services**

All forms utilized in the care of visual therapy patients were evaluated and critiqued for possible improvements. Various staff members and professors were interviewed and provided recommendations for the improved data gathering and better patient flow. The majority of concerns centered around inconsistencies in the data gathered and poor appearance of the current forms in use. The current forms in use at the Michigan College of Optometry Vision Therapy Program consist of the Master Treatment Plan, Vision Therapy Log, Vision Therapy Equipment Log, and the Home Therapy Log.

In order to make the most effective changes to these forms, several teaching institutions with visual therapy programs were contacted for suggestions and sample forms. The following institutions responded:

Indiana University – School of Optometry - Binocular Vision/Pediatric Service

Illinois College of Optometry - Illinois Eye Institute - Pediatric/Binocular Vision Service

State University of New York – State College of Optometry – University Optometric Center

New England College of Optometry - Pediatric/Binocular Vision Service

The Ohio State University – College of Optometry – Binocular Vision/Pediatric Center

University of Houston - College of Optometry – University Eye Institute - Pediatric and Binocular Vision Service

University of Missouri – School of Optometry – Binocular Vision/Pediatric Service

The information received from the above institutions was reviewed and various ideas were incorporated into the new forms developed for use at the Michigan College of Optometry Vision Therapy Program. All of the forms mentioned above were revised for improved data gathering and ease of use. Attached are the previously used forms followed by the revised form along with explanation for the revision.



# **Form Revision for the Michigan College of Optometry Vision Therapy Program**

## **MASTER TREATMENT PLAN**

The master treatment plan was the first form to be revised as it is the starting point for therapy. After the patient has been assessed and therapy has been recommended, the master treatment plan is completed. This consists of establishing the goals of therapy, the duration of therapy and the procedures used for therapy, both for in-office and home. Various areas of change were addressed, but as each professor and/or student varies in his or her approach to therapy it was preferred to have this form remain more free form, allowing for better patient individualization.

## **VISUAL THERAPY LOG**

This form is used for in-office documentation of each session the patient attends. The importance of this form is to document how the patient performed at the in-office session and to consider whether revisions need to be made for the next home therapy session. Important additions to the new form were amount of each procedure completed and the time spent to complete it, so as to help gauge patient improvement or areas of continued focus.

## **HOME THERAPY LOG**

This form is given to the patient/parents to track the patient success with home therapy procedures. The biggest area of concern with this form was the lack of patient/parent documentation as to how the patient was responding to therapy. The revised form, provides responses that can simply be circled as well as a area for specific comments. The hopes are for better reporting as to how well the patient was able to complete therapy and how well the patient responded.

## **VISUAL THERAPY EQUIPMENT LOG**

This form is used to track the loaned equipment for home therapy. The main goal with this form revision was to decrease the amount of handwritten documentation of equipment and moved to a time-saving simplified version where items are simply circled or highlighted. An area for specific or less commonly used equipment is provided.

FERRIS STATE UNIVERSITY  
COLLEGE OF OPTOMETRY  
VISION THERAPY PROGRAM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Student Clinician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Expected Duration of Therapy: \_\_\_\_\_

Goals(s) of Vision Therapy: \_\_\_\_\_

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Treatment Plan and Procedures:

Clinical Instructor: \_\_\_\_\_

MICHIGAN COLLEGE OF OPTOMETRY  
VISION THERAPY PROGRAM

**MASTER TREATMENT PLAN**

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Goals of Vision Therapy: \_\_\_\_\_

\_\_\_\_\_ Expected Therapy Duration: \_\_\_\_\_

Student Clinician: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_

**Treatment Plan and Procedures**

WK#	In-Office Procedures	At-Home Procedures

Vision Therapy Log

Name: \_\_\_\_\_ Student Clinician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

---

Date: \_\_\_\_\_ Session # \_\_\_\_\_

S - Hx:

HVT:

O - Procedure

Result

- 1)
- 2)
- 3)
- 4)
- 5)

A - Progress of therapy:

P - HVT:

Next appt:

Clinical Instructor \_\_\_\_\_

---

Date: \_\_\_\_\_ Session # \_\_\_\_\_

S - Hx:

HVT:

O - Procedure

Result

- 1)
- 2)
- 3)
- 4)
- 5)

A - Progress of therapy:

P - HVT:

Next appt:

Clinical Instructor \_\_\_\_\_

MICHIGAN COLLEGE OF OPTOMETRY  
VISION THERAPY PROGRAM

VISION THERAPY LOG

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

**Session #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**S - Hx/HVT:**

**0- In-Office Procedures:**

Procedure	Amt.	Time	Result/Response

**A - Therapy progress/changes:**

**P - At-Home procedures:**

Given:				
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Next Appt: \_\_\_\_\_ Student Clinician: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_

**Session #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**S - Hx/HVT:**

**0- In-Office Procedures:**

Procedure	Amt.	Time	Result/Response

**A - Therapy progress/changes:**

**P - At-Home procedures:**

Given:				
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Next Appt: \_\_\_\_\_ Student Clinician: \_\_\_\_\_ Clinical Instructor: \_\_\_\_\_

HOME; VISION THERAPY

WEEK #

HOME ACTIVITIES

HOME ASSISTANT'S OBSERVATIONS/COMMENTS



ANY OTHER COMMENTS?

Michigan College of Optometry  
Vision Therapy Program

Home Therapy Log

Patient Name: \_\_\_\_\_

Session: \_\_\_\_\_

Week: One / Two

Activity	Day 1 Date:	Day 2 Date:	Day 3 Date:	Day 4 Date:	Day 5 Date:
	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:
	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:
	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:
21	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:	Easy / Hard Liked / Disliked Completed: Y / N Comments:

VISION THERAPY EQUIPMENT LOG

PATIENT NAME: \_\_\_\_\_

EQUIPMENT OUT/DATE

EQUIPMENT RTN/DATE

SESSION I

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SESSION II

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SESSION III

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SESSION IV

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EXTRA



Michigan College of Optometry  
Vision Therapy Program

## Equipment Log

Patient Name: \_\_\_\_\_

Date Given	Equipment			Date Returned
	Flippers 1.00 / 1.50 / 2.00 Patch R/G glasses R/G bar reader Brock Mazes: red, blk Red Clipboard Hart Charts 3-D Ring : sm, large R/G TV filters R/G playing cards R/G flashlights	GTVT: sm, med, large Polaroid glasses Polaroid bar reader Prisms: 4, 6, 8, 10, ___ Brock String: sm, large 4 dot: sm, large	OTHER:	
	Flippers 1.00 / 1.50 / 2.00 Patch R/G glasses R/G bar reader Brock Mazes: red, blk Red Clipboard Hart Charts 3-D Ring : sm, large R/G TV filters R/G playing cards R/G flashlights	GTVT: sm, med, large Polaroid glasses Polaroid bar reader Prisms: 4, 6, 8, 10, ___ Brock String: sm, large 4 dot: sm, large	OTHER:	
	Flippers 1.00 / 1.50 / 2.00 Patch R/G glasses R/G bar reader Brock Mazes: red, blk Red Clipboard Hart Charts 3-D Ring : sm, large R/G TV filters R/G playing cards R/G flashlights	GTVT: sm, med, large Polaroid glasses Polaroid bar reader Prisms: 4, 6, 8, 10, ___ Brock String: sm, large 4 dot: sm, large	OTHER:	
	Flippers 1.00 / 1.50 / 2.00 Patch R/G glasses R/G bar reader Brock Mazes: red, blk Red Clipboard Hart Charts 3-D Ring : sm, large R/G TV filters R/G playing cards R/G flashlights	GTVT: sm, med, large Polaroid glasses Polaroid bar reader Prisms: 4, 6, 8, 10, ___ Brock String: sm, large 4 dot: sm, large	OTHER:	

## **Conclusion**

Before one can successfully incorporate vision therapy into an optometric practice, the clinician must have an understanding of vision therapy and the many components involved in this clinical approach. While it is important that clinicians understand these components, it is equally important that he or she be able to apply them practically and effectively. Information within the field of optometry and vision therapy is constantly changing, with new and improved approaches to patient care. The initial purpose of this paper was to serve as a vision therapy guide for newly graduating optometrists, providing the most current information available.

The second focus was to evaluate various vision therapy forms from a diverse number of programs in order to make the most effective changes to those at the Michigan College of Optometry Vision Therapy Program. By interviewing staff at the Michigan College of Optometry, reviewing other teaching institution forms, and focusing on improved documentation of patient progress; new, more efficient forms were developed. These revisions were to both home and in-office therapy forms, and provided more thorough communication of the patient's progress and more efficient time spent during therapy.

The communication between clinician, patient, and parents is of critical importance to a successful vision therapy program. It is therefore important that this communication be consistent from session to session and that all parties participate and report both successes and failures. Appropriate documentation ensures that information is conveyed to all involved in the therapy and that suitable program changes are made when necessary.

Incorporating vision therapy into the routine practice of optometry may seem an overwhelming prospect. This can be especially true for newly graduating optometrists with little clinical experience in providing vision therapy services. However, by utilizing the proceeding guide and recommended forms, vision therapy can be a successful addition to complete patient care.

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